

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 791

City St. Louis (No. 3696)

City Hospital

File No. 24568

Registered No. 5955

St. Ward)

2. FULL NAME

(a) Residence, No. 1418

(Usual place of abode)

City St. Louis Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Arnold, Widmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 8 - 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

59

4

22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

13. NAME

Charles Lehman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Maria Spurr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Switzerland

17. INFORMANT (ADDRESS)

Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

7-8

19

19. UNDERTAKER (ADDRESS)

St. Louis

20. FILED

7

19

1933

St. Louis

City

Ward

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 6 1933

22. I HEREBY CERTIFY That I attended deceased from

6-5 1933 to 7-6 1933

I last saw h. alive on 7-6 1933

Death is said

to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

23A

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

R. E. Kelly M. D.

(Address)

City Hospital

Page 20

Figure 1